

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

1. CIR./DIST./DIV. CODE GUX		2. PERSON REPRESENTED DUMANAL, RYAN		VOUCHER NUMBER																																																																																																																																																															
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:07-000097-001	5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER																																																																																																																																																														
7. IN CASE/MATTER OF (Case Name) U.S. v. DUMANAL		8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See Instructions) Criminal Case																																																																																																																																																														
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 922K.F -- SELL DEFACED FIREARMS																																																																																																																																																																			
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS ARRIOLA, JOAQUIN C. 259 MARTYR ST #201 P.O. Box X HAGATNA GU 96932 Telephone Number: (671) 477-9730			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input checked="" type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) _____ Signature of Attorney: <i>Leilani R. Toves Hernandez</i> 11/29/2007 Date of Order: 10/23/07 Name Pro Tunc Date: 10/22/07 Repayment or partial repayment ordered from the person represented for this service at time of appointment. YES <input checked="" type="checkbox"/> NO																																																																																																																																																																
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) ARRIOLA COWAN AND ARRIOLA 259 MARTYR ST SUITE 201 HAGATNA GU 96910																																																																																																																																																																			
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